

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/807482

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/				51						
2		/	/	/			52						
3		/	/	/			53						
4		/	/	/			54						
5		/	/	/			55						
6		/	/	/			56						
7		/	/	/			57						
8		/	/	/			58						
9		/	/	/			59						
10		/	/	/			60						
11		/	/	/			61						
12		/	/	/			62						
13		/	/	/			63						
14		/	/	/			64						
15	/		/				65						
16		/	/	/			66						
17		/	/	/			67						
18		/	/	/			68						
19		/	/	/			69						
20		/	/	/			70						
21		/	/	/			71						
22		/	/	/			72						
23	/		/				73						
24	/		/				74						
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41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	4	↓	2	↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.	24	↓	20	↓		↓	TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS	28		22				TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

Best Available Copy